2011 NATIONAL EDUCATION ASSOCIATION PRE-CONFERENCE WEEK REGISTRATION F

Chicago, IL June 29, 2011

Camp will run from 7:30 a.m. – 5:30 p.m. This service is provided at a charge of $5 per child per day for children ages 6 months – 15 years on a pre-registration basis.

MEALS: Parents may pre-order children's lunches on this form. NO LUNCHES WILL BE ORDERED ON-SITE. Lunch will be served from 12-1pm. If your child is not present for the designated lunch time ACCENT will be unable to guarantee availability for your child's meal.

NOTE: For the safety and security of your child(ren), NEA/ACCENT has the right to refuse care to any child based on space availability and appropriateness. NEA/ACCENT also has the right to refuse care to any child unable to adapt to group situations as well as any child whose presence or behavior may disrupt the program or endanger the health or safety of other children.

REGISTRATION: To assure that your child has a place, please register by June 17, 2011. We will assume your child will attend during the hours registered. If your schedule changes, we need as much notice as possible. We will accommodate you as best we can based on availability. You will receive a refund for a cancellation received in writing at ACCENT offices no later than June 17, 2011. You will receive no refund for a cancellation made after that time. "No shows" receive no refund. This policy is to ensure proper staffing, which is in the best interest of your child(ren).

ACCENT staff do not administer medication and any child who is ill will not be admitted to the center.

****PLEASE PRINT****

NEA Pre-Conference Week	Check-in Time	Check-out Time	Number of Hours	No. of Children $5	No. of Lunches $15	TOTAL
Wednesday, June 29, 2011 7:30am-5:30pm						$
					TOTAL	**$**

_____Check here if your child has needs under the Americans with Disabilities Act. We will contact you.

Does your child have experience with group care? Frequently _____ Seldom_____ Never _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

Father/Guardian Full Name _____Signature _____

Mother/Guardian Full Name _____Signature _____

Address_____City/State _____ Zip _____

Daytime Phone (_____) _____ CELL (_____) _____ E-mail _____

PAYMENT METHOD: U S Funds Only. Make Checks payable to **ACCENT on Children's Arrangements, Inc.**

Visa/Mastercard _____ _____ _____

Credit Card Number Expiration Date Check #

I/We agree that a fax or photocopy of my/our signature(s) on this form shall be deemed original and shall not affect the validity of this form. The child (ren) named above will be released ONLY to the person(s) signing this application.

Please print this out and keep for your records. Confirmations will not be mailed out.

PLEASE DO NOT SEND THIS FORM TO THE NATIONAL EDUCATION ASSOCIATION

Send to: **Camp NEA/ACCENT on Children's Arrangements, Inc.**
615 Baronne St., Suite 303, New Orleans, LA 70113
Phone (504) 524-0188 FAX (504) 524-1229
e-mail: registration@accentoca.com **Web site: www.accentoca.com**

Or

Register online at: www.accentregister.com/registser/campneapreweek11

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